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(54) **PATIENT-SPECIFIC GLENOID GUIDES**

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(58) **Field of Classification Search**

CPC A61B 17/1739; A61B 17/1746

See application file for complete search history.

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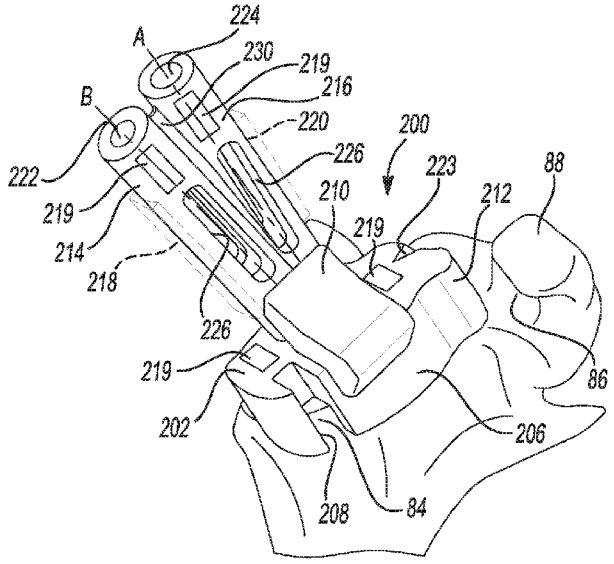
(57) **ABSTRACT**

A glenoid guide has an upper surface and a lower surface, wherein the lower surface is a patient-specific surface configured as a negative surface of a glenoid face based on a three-dimensional image of a shoulder joint of a patient reconstructed preoperatively from image scans of the shoulder joint of the patient. The glenoid guide includes an anatomic tubular drill guide extending from the upper surface along an anatomic alignment axis configured preoperatively with a patient-specific orientation and insertion location for guiding a glenoid implant into the glenoid face for anatomic shoulder arthroplasty. The glenoid guide includes a reverse tubular drill guide extending from the upper surface along a reverse alignment axis configured preoperatively with a patient-specific orientation and insertion location for guiding a glenoid baseplate into the glenoid face for reverse shoulder arthroplasty.

12 Claims, 6 Drawing Sheets



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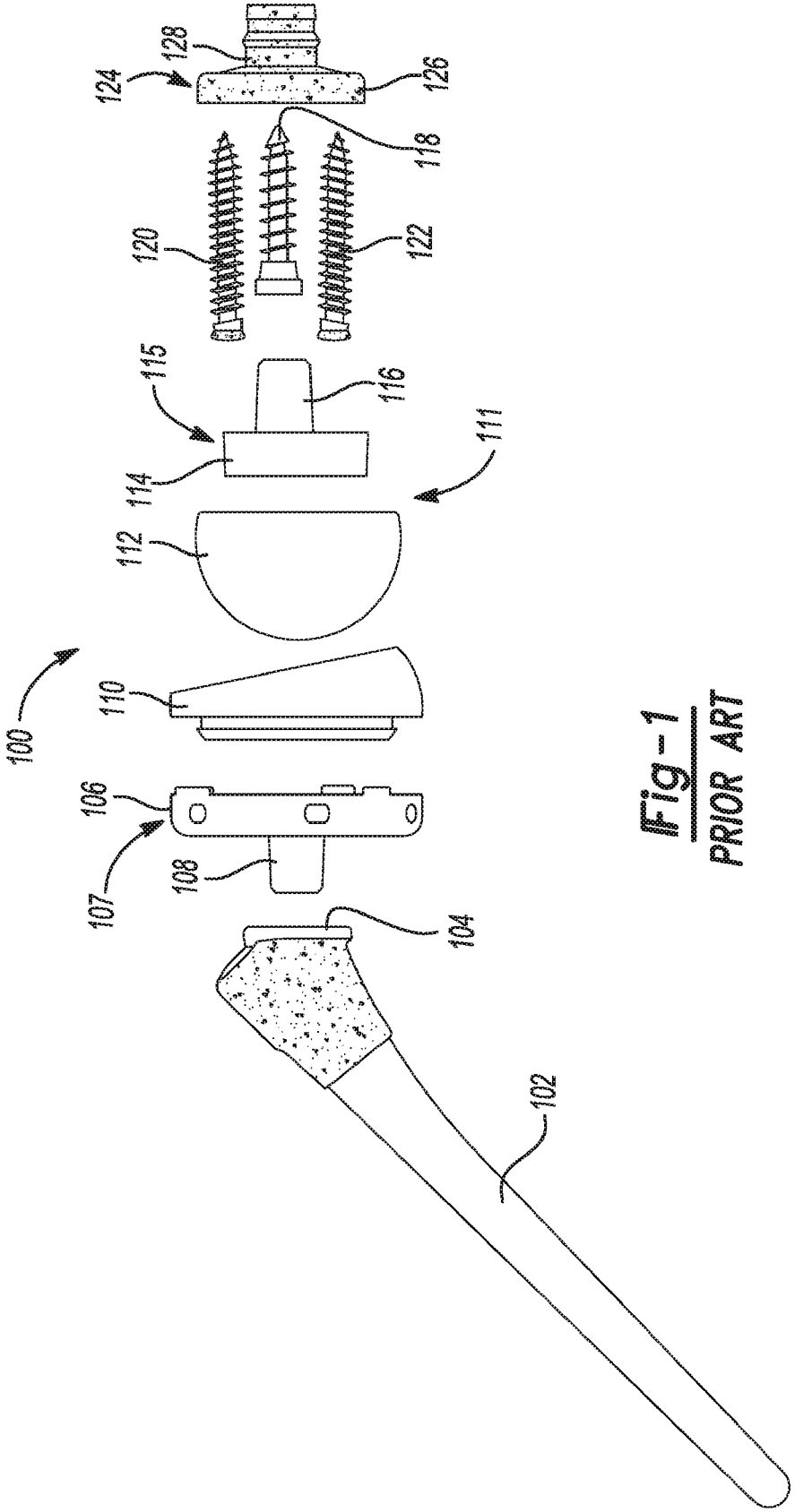

Fig - 1
PRIOR ART

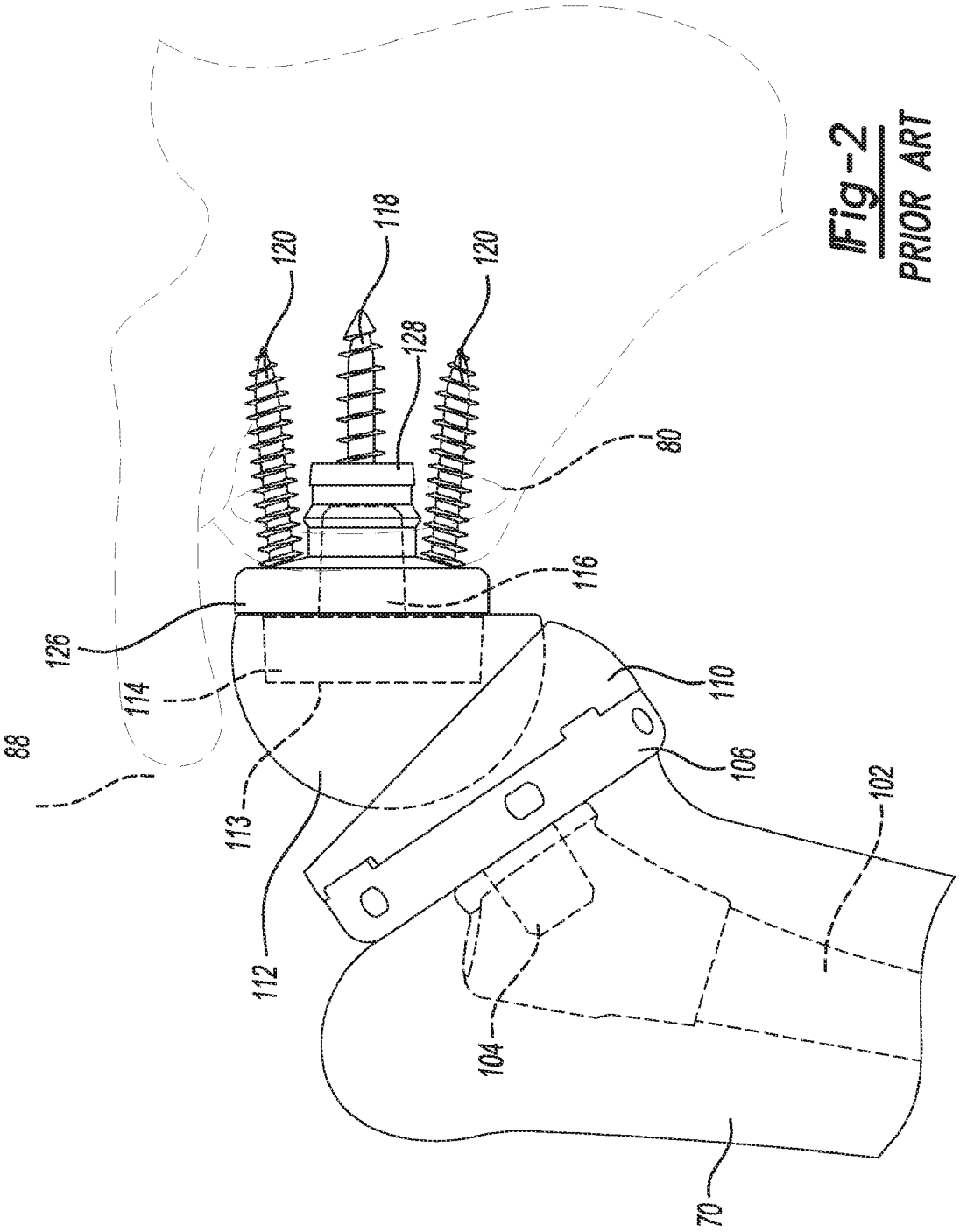

Fig-2
PRIOR ART

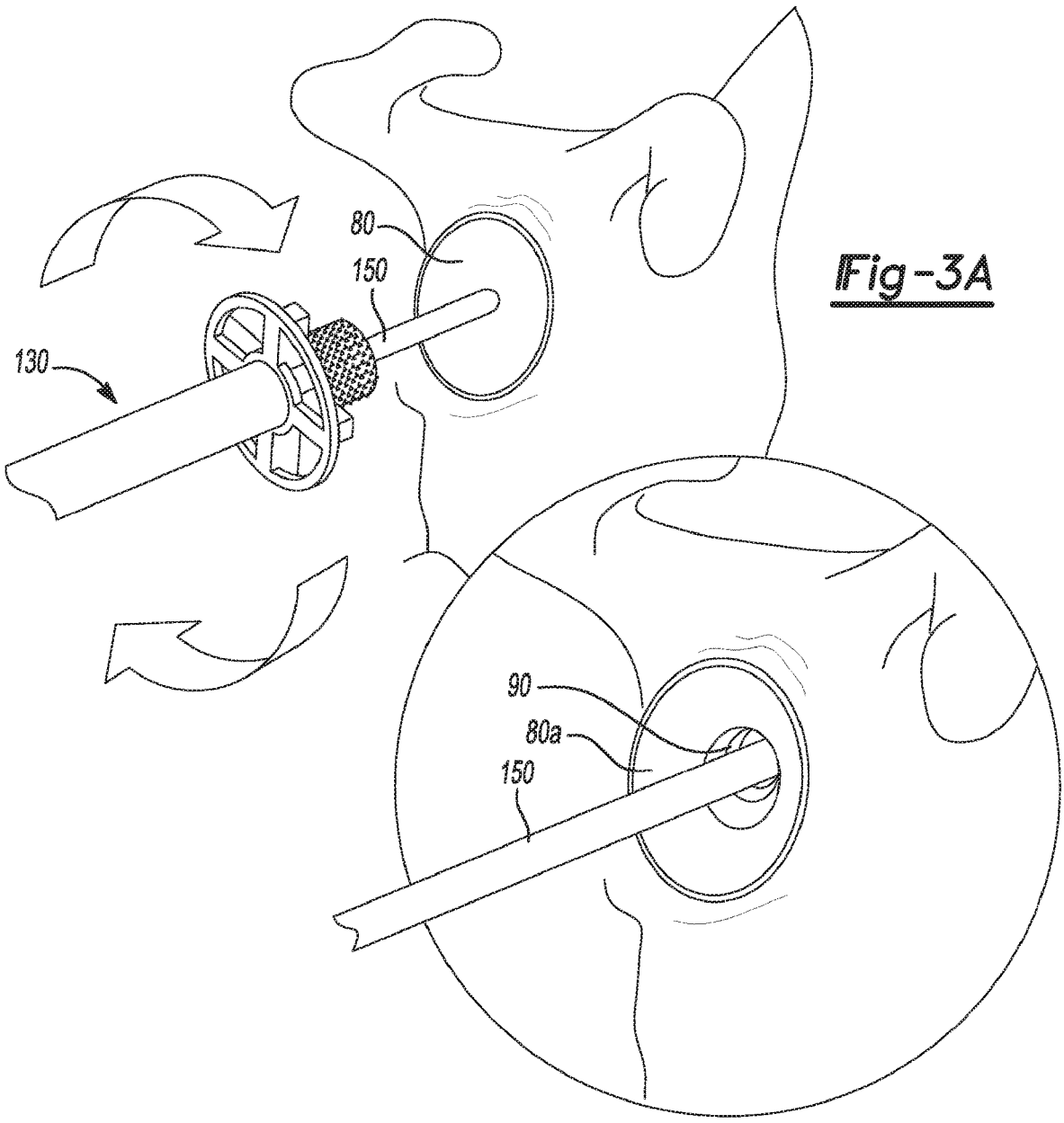

Fig-3A

Fig-3B

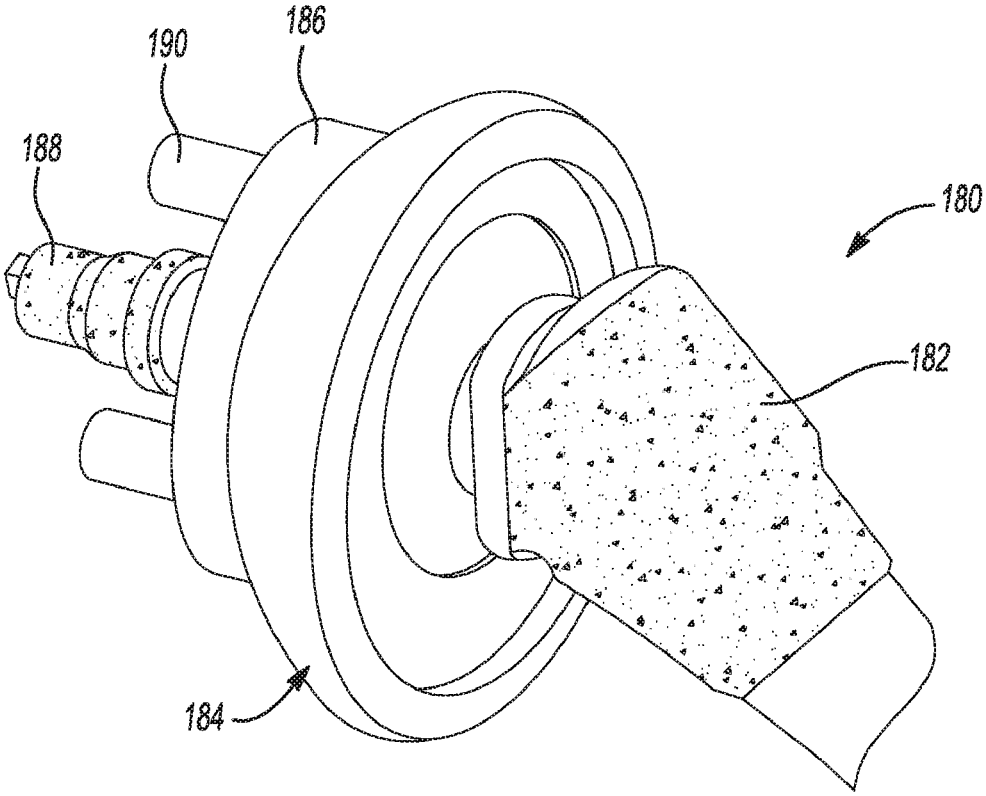

Fig-4
PRIOR ART

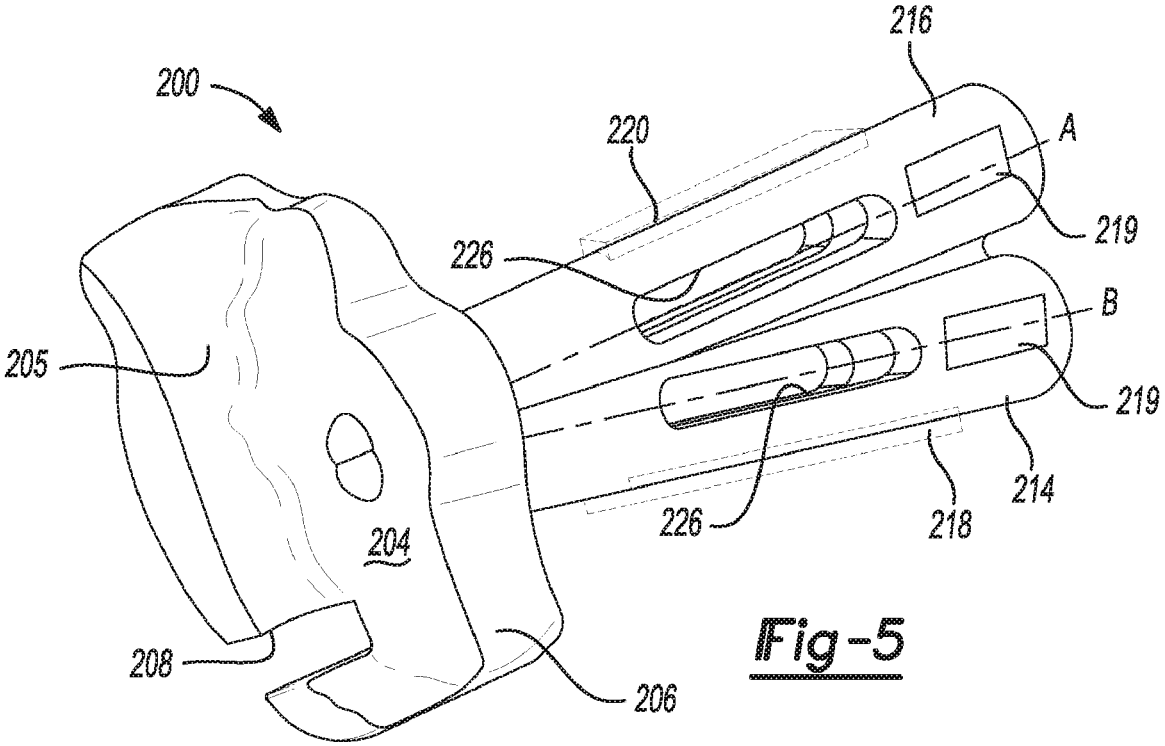

Fig-5

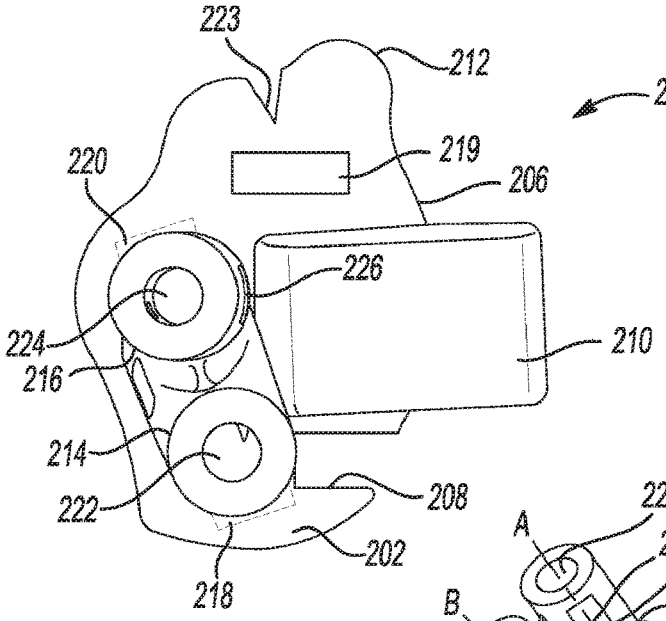

Fig-6

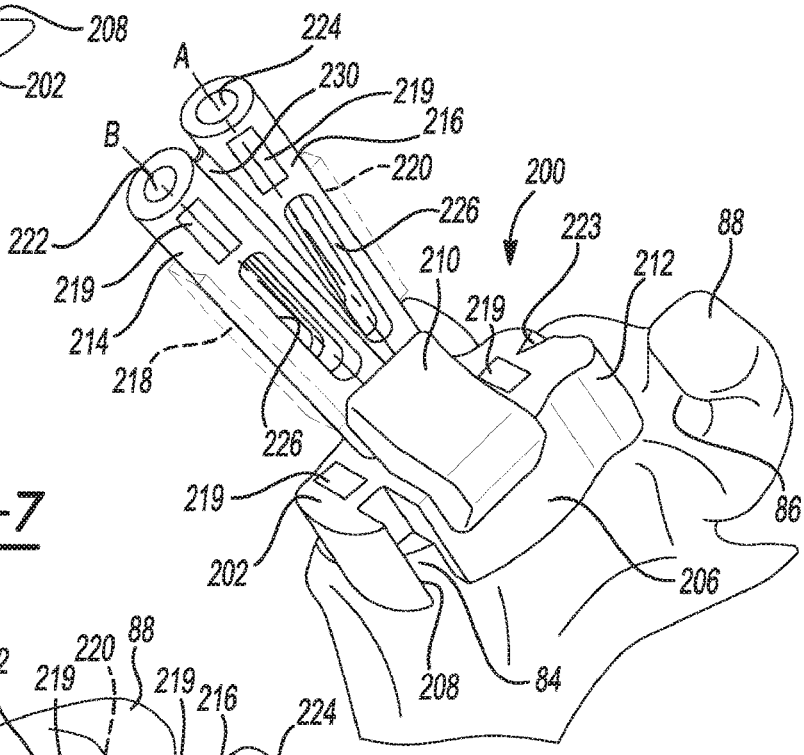

Fig-7

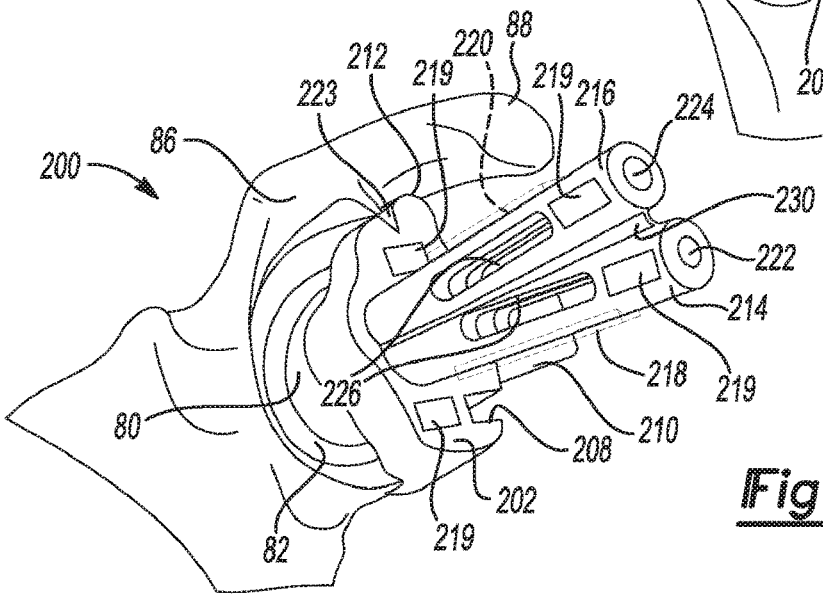

Fig-8

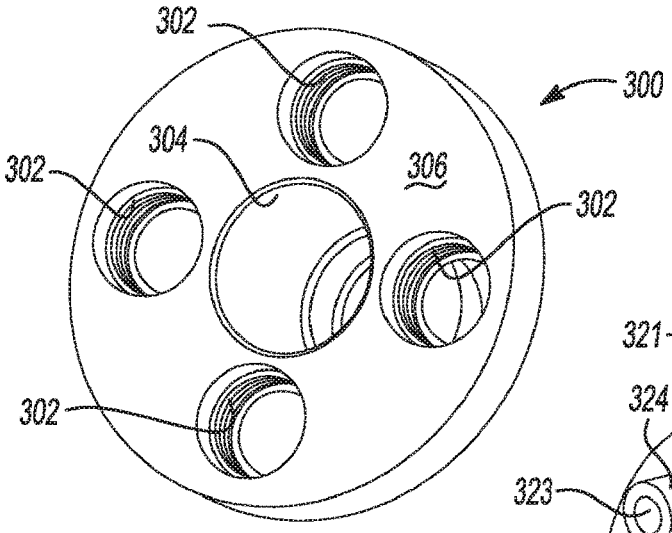

Fig-9

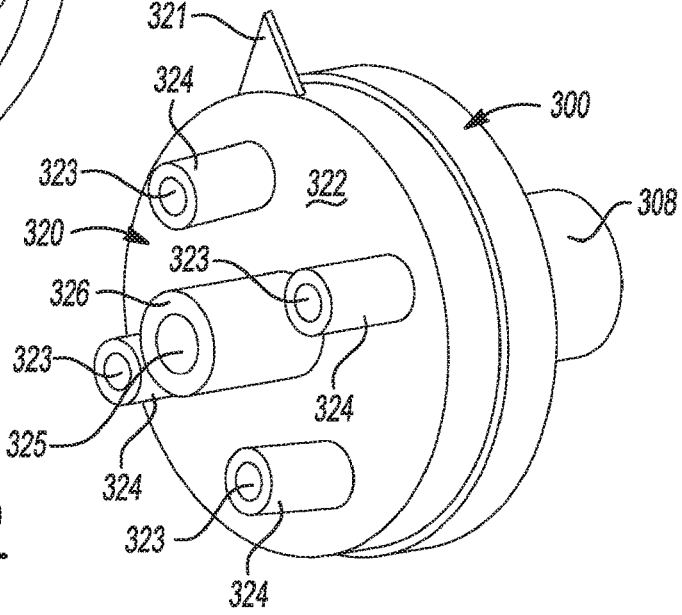

Fig-10

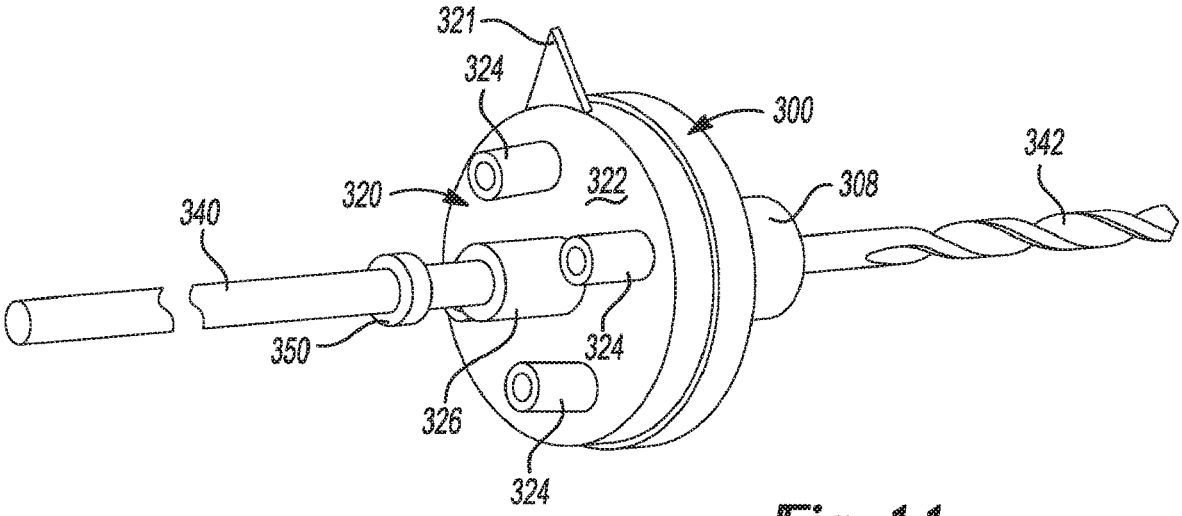

Fig-11

PATIENT-SPECIFIC GLENOID GUIDES

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation of U.S. patent application Ser. No. 15/098,625 filed Apr. 14, 2016, now issued as U.S. Pat. No. 10,426,493, which is a continuation of U.S. patent application Ser. No. 13/653,868 filed Oct. 17, 2012, now issued as U.S. Pat. No. 9,351,743, which claims the benefit of U.S. provisional application No. 61/552,071 filed Oct. 27, 2011. The disclosure of the above application is incorporated herein by reference.

This application is related to the following concurrently filed United States patent applications, each of which is incorporated herein by reference: "Patient-Specific Glenoid Guide" U.S. application Ser. No. 13/653,878, now issued as U.S. Pat. No. 9,451,973; "Patient-Specific Glenoid Guide and Implants" U.S. application Ser. No. 13/653,886, now issued as U.S. Pat. No. 9,554,910 and "Methods for Patient-Specific Shoulder Arthroplasty" U.S. application Ser. No. 13/653,893, now issued as U.S. Pat. No. 9,301,812.

INTRODUCTION

In shoulder arthroplasty various guides and instruments are used to determine an alignment axis and guide an implant for anatomic or reverse shoulder arthroplasty. The present teachings provide various patient-specific and other instruments for use in shoulder arthroplasty.

SUMMARY

The present teachings provide various patient-specific instruments for anatomic and reverse shoulder arthroplasty.

The present teachings provide a glenoid guide that has an upper surface and a lower surface. The lower surface is a patient-specific surface configured as a negative surface of a glenoid face (or glenoid cavity) based on a three-dimensional image of a shoulder joint of a patient reconstructed preoperatively from image scans of the shoulder joint of the patient. The glenoid guide includes an anatomic tubular drill guide extending from the upper surface along an anatomic alignment axis configured preoperatively with a patient-specific orientation for guiding a glenoid implant into the glenoid face for anatomic shoulder arthroplasty. The glenoid guide also includes a reverse tubular drill guide extending from the upper surface along a reverse alignment axis configured preoperatively with a patient-specific orientation and location for guiding a glenoid baseplate into the glenoid face for reverse shoulder arthroplasty.

In some embodiments, the glenoid guide can include a patient-specific peripheral surface forming a lip configured as a negative of a glenoid rim of the patient. The lip includes a through slot configured for viewing and marking the glenoid face.

In some embodiments, the glenoid guide can include a patient-specific peripheral surface portion configured as a negative of a coracoid surface of the patient.

In some embodiments, the glenoid guide can be used with a drill guide configured to engage a baseplate implant for reverse arthroplasty. The drill guide includes a central tubular drilling post having a patient-specific location and a patient-specific drilling axis oriented along the reverse alignment axis. The central tubular drilling post can be configured to have a patient-specific height for controlling drilling depth therethrough. The drill guide can also include peripheral drilling posts with patient-specific drilling axes. A drill having a stop configured to engage the central drilling post for controlling drilling depth there through can be included with the glenoid guide and the drill guide.

Further areas of applicability of the present teachings will become apparent from the description provided hereinafter. It should be understood that the description and specific examples are intended for purposes of illustration only and are not intended to limit the scope of the present teachings.

BRIEF DESCRIPTION OF THE DRAWINGS

The present teachings will become more fully understood from the detailed description and the accompanying drawings.

FIG. **1** is an exploded view of a prior art implant for reverse shoulder arthroplasty;

FIG. **2** is an environmental view of the prior art implant of FIG. **1**;

FIG. **3**A is an environmental view illustrating a guiding pin used during reaming in reverse shoulder arthroplasty;

FIG. **3**B is an environmental view illustrating a guiding pin after reaming in reverse shoulder arthroplasty;

FIG. **4** is a perspective view of a prior art implant for anatomic shoulder arthroplasty;

FIG. **5** is perspective bottom view of a patient-specific glenoid guide for reverse and anatomic shoulder arthroplasty according to the present teachings;

FIG. **6** is perspective top view of the patient-specific glenoid guide of FIG. **5**;

FIG. **7** is perspective front environmental view of the patient-specific glenoid guide of FIG. **5**;

FIG. **8** is perspective back environmental view of the patient-specific glenoid guide of FIG. **5**;

FIG. **9** is a perspective view of a baseplate implant for the glenoid face;

FIG. **10** is a perspective view of a patient-specific secondary drill guide for use in reverse arthroplasty according to the present teachings and shown with the baseplate of FIG. **9**; and

FIG. **11** is a perspective view of the secondary drill guide of FIG. **10** shown with a drilling tool having a depth stop.

Corresponding reference numerals indicate corresponding parts throughout the several views of the drawings

DETAILED DESCRIPTION

The following description is merely exemplary in nature and is in no way intended to limit the present teachings, applications, or uses.

The present teachings generally provide patient-specific surgical instruments that include, for example, alignment guides, drill guides, and other tools for use in shoulder joint replacement, shoulder resurfacing procedures and other procedures related to the shoulder joint or the various bones of the shoulder joint, including the glenoid face or cavity of the scapula, the humeral head and adjacent shoulder bones. The present teachings can be applied to anatomic shoulder replacement and reverse shoulder replacement. The patient-specific instruments can be used either with conventional implant components or with patient-specific implant components and/or bone grafts that are prepared using computer-assisted image methods according to the present teachings. Computer modeling for obtaining three-dimensional images of the patient's anatomy using medical scans of the patient's anatomy (such as MRI, CT, ultrasound, X-rays, PET, etc.), the patient-specific prosthesis components and the patient-

specific guides, templates and other instruments, can be prepared using various commercially available CAD programs and/or software available, for example, by Object Research Systems or ORS, Montreal, Canada.

The patient-specific instruments and any associated patient-specific implants and bone grafts can be generally designed and manufactured based on computer modeling of the patient's 3-D anatomic image generated from medical image scans including, for example, X-rays, MRI, CT, PET, ultrasound or other medical scans. The patient-specific instruments can have a three-dimensional engagement surface that is complementary and made to substantially mate and match in only one position (i.e., as a substantially negative or mirror or inverse surface) with a three-dimensional bone surface with or without associated soft tissues, which is reconstructed as a 3-D image via the aforementioned CAD or software. Very small irregularities need not be incorporated in the three-dimensional engagement surface. The patient-specific instruments can include custom-made guiding formations, such as, for example, guiding bores or cannulated guiding posts or cannulated guiding extensions or receptacles that can be used for supporting or guiding other instruments, such as drill guides, reamers, cutters, cutting guides and cutting blocks or for inserting guiding pins K-wire or other fasteners according to a surgeon-approved pre-operative plan.

In various embodiments, the patient-specific instruments of the present teachings can also include one or more patient-specific tubular guides for receiving and guiding a tool, such as a drill or pin or guide wire at corresponding patient-specific insertion points and orientations relative to a selected anatomic or reverse axis for the specific patient. The patient-specific instruments can include guiding or orientation formations and features for guiding the implantation of patient-specific or off-the-shelf implants associated with the surgical procedure. The geometry, shape and orientation of the various features of the patient-specific instruments, as well as various patient-specific implants and bone grafts, if used, can be determined during the pre-operative planning stage of the procedure in connection with the computer-assisted modeling of the patient's anatomy. During the pre-operative planning stage, patient-specific instruments, custom, semi-custom or non-custom implants and other non-custom tools, can be selected and the patient-specific components can be manufactured for a specific-patient with input from a surgeon or other professional associated with the surgical procedure.

In the following discussion, the terms "patient-specific", "custom-made" or "customized" are defined to apply to components, including tools, implants, portions or combinations thereof, which include certain geometric features, including surfaces, curves, or other lines, and which are made to closely conform substantially as mirror-images or negatives or complementary surfaces of corresponding geometric features or anatomic landmarks of a patient's anatomy obtained or gathered during a pre-operative planning stage based on 3-D computer images of the corresponding anatomy reconstructed from image scans of the patient by computer imaging methods. Further, patient-specific guiding features, such as, guiding apertures, guiding slots, guiding members or other holes or openings that are included in alignment guides, drill guides, cutting guides, rasps or other instruments or in implants are defined as features that are made to have positions, orientations, dimensions, shapes and/or define cutting planes and axes specific to the particular patient's anatomy including various anatomic or mechanical axes based on the computer-assisted pre-operative plan associated with the patient.

The patient-specific guides can be configured to mate in alignment with natural anatomic landmarks by orienting and placing the corresponding alignment guide intra-operatively on top of the bone to mate with corresponding landmarks. The anatomic landmarks function as passive fiducial identifiers or fiducial markers for positioning of the various alignment guides, drill guides or other patient-specific instruments.

The various patient-specific alignment guides can be made of any biocompatible material, including, polymer, ceramic, metal or combinations thereof. The patient-specific alignment guides can be disposable and can be combined or used with reusable and non patient-specific cutting and guiding components.

More specifically, the present teachings provide various embodiments of patient-specific glenoid guides and secondary drill guides for anatomic and reverse arthroplasty. The glenoid guides of the present teachings can have patient-specific engagement surfaces that reference various portions of the shoulder joint and include tubular drill guides, guiding bores or sleeves or other guiding formations that can accurately position a guide wire for later glenoid preparation and implantation procedures and for alignment purposes, including implant position control, implant version control, implant inclination control for both anatomic and reverse arthroplasty.

In the following, when a portion of a glenoid guide is described as "referencing" a portion of the anatomy, it will be understood that the referencing portion of the glenoid guide is a patient-specific portion that mirrors or is a negative of the corresponding referenced anatomic portion.

In some embodiments, the glenoid guide can reference (substantially as a negative of) the face of the glenoid or glenoid cavity, avoiding the glenoid rim and any portion of the labrum. In other embodiments, the glenoid guide can reference (substantially as a negative of) the face of the glenoid and a portion of the glenoid rim. The glenoid guide can be designed to only remove a portion of the labrum (from 2-5 o'clock, for example) or the entire labrum. When the glenoid guide is designed to sit directly on bone rather than soft tissue, then the labrum is removed. In other embodiments, the glenoid guide can reference the labrum itself, such as when MRI scans are used to reconstruct details of the geometry of the soft tissue and the glenoid guide is designed references off soft tissue. In other embodiments, the glenoid guide can reference the glenoid face and a portion of the coracoid process or coracoid attachment that extends off the upper aspect of the glenoid.

In some embodiments the glenoid guide can have built-in holes, openings or windows that would allow the surgeon to mark the glenoid bone or a model of the glenoid bone with a marking pen, burr, scalpel, or any other device that can create markings to be used as landmarks on or in the glenoid bone or glenoid model. These landmarks can be used for the orientation of a secondary guide. The glenoid guide can also provide a way to physically mark the glenoid bone for proper orientation of additional glenoid guides via a plurality of slits to be used to pass marking tools.

The various glenoid guides described herein can include a plurality of drill guide formations, holes or bores for placing various alignment guide wires or pins or for drilling. In some embodiments, the glenoid guide can include a second drill or guide wire bore, for example, with a 10-degree or other inferior tilt (and possibly shifted superiorly or inferiorly) to accommodate proper baseplate placement for

use with a reverse shoulder arthroplasty. Peripheral drill holes for use with a reverse baseplate can also be included. Accordingly, these features of the glenoid guide allow a surgeon to use the glenoid guide for either an anatomic or reverse shoulder arthroplasty. As discussed below, the various additional holes or bores can orient the drill holes that are drilled before implantation of the baseplate screws. The additional holes can be oriented to position each baseplate screw in the best available bone stock and can control the depth of the screw hole. The depth would be controlled by bosses built onto the guide. A mating drill can be used with a physical stop built into it. The stop would reference the boss built onto the guide therefore accurately controlling the depth of the screw hole.

Referring to FIGS. **1-3**, a prior art reverse shoulder implant **100** is illustrated. The reverse shoulder implant **100** includes a humeral stem **102**, a humeral tray **107**, a humeral bearing **110**, a glenosphere **111** and a baseplate **124** having a plate portion **126** and a central boss **128**. The humeral stem **102** is implanted in the humeral bone **70** and has a proximal end **104** coupled via a Morse taper connection to a male taper **108** extending from a plate **106** of the humeral tray **107**. The glenosphere **111** can be modular and include a head **112** articulating with the bearing **110** and an offset double-taper component **115**. The double-taper component **115** has a first tapered portion **114** coupled to a corresponding tapered opening **113** of the head **112** and a second tapered portion **116** coupled to the central boss **128** of the glenoid baseplate **124**. A central screw **118** passes through the baseplate **124** into the glenoid face **80** of the patient's scapula. Peripheral screws **120** are used to lock the baseplate **124** in the glenoid face **80**. FIG. **3**A illustrates using a guiding pin **150** to guide reaming of the glenoid face **80** in reverse shoulder arthroplasty using a reamer **130**. FIG. **3**B illustrates the guiding pin **150** through a hole **90** drilled through the glenoid face **80**. The guiding pin **150** is used to guide placement of a reverse or anatomic implant, as discussed below.

Referring to FIG. **4**, a prior art anatomic shoulder implant **180** is illustrated. The anatomic shoulder implant **100** includes a humeral stem **182**, a glenosphere **184** and a bearing **186** with peripheral pegs **190** and a removable or non-removable central peg **188**.

Referring to FIGS. **5-8**, a patient-specific glenoid guide **200** is illustrated. The patient-specific glenoid guide **200** is configured to guide a guiding pin (such as the guiding pin **150** shown in FIGS. **3**A and **3**B) and provide an implant alignment orientation for reverse as well as anatomic shoulder arthroplasty at the surgeon's discretion. The glenoid guide **200** has an upper (or outer) surface **202** and a lower (or inner) or anatomy-engaging and patient-specific surface **204** that references (substantially as a negative or inverse or mirror) the glenoid face **80** and may include all or a portion of the labrum **82**, i.e., the peripheral cartilaginous structure that encircles and deepens the glenoid face **80**. Alternatively, the labrum **82** can be completely removed such that the patient-specific glenoid surface **204** references and mirrors only the bone surface of the glenoid cavity or glenoid face **80**. Optionally, the glenoid guide **200** can include a peripheral portion or peripheral lip **206** with a corresponding patient-specific peripheral surface **205** that engages a corresponding peripheral surface or glenoid rim **84** around the scapula of the patient. A first (or anatomic) elongated tubular drill guide **216** can extend from the upper surface **202** of the glenoid guide **200** at a specific location and along a first axis A that is determined and designed according to the pre-operative plan of the patient to define a patient-specific anatomic alignment axis and insertion point for a guiding pin **150**. A second (or reverse) elongated tubular drill guide **214** can extend from the upper surface **202** of the glenoid guide along a second axis B that is determined and designed according to the pre-operative plan of the patient to define a patient-specific reverse alignment axis and insertion point for a guiding pin **150**. The reverse alignment axis B can have a predetermined inferior tilt relative to the anatomic alignment axis A, such as, for example, a ten-degree inferior tilt. The first and second drill guides **216**, **214** define corresponding elongated bores **224** and **222** for guiding a drill bit and/or inserting an alignment pin or guiding pin **150**. Each drill guide **216**, **214** can include elongated openings or viewing windows **226** therethrough. The anatomic drill guide **216** and the reverse drill guide **214** can include corresponding visual and/or tactile markings **220**, **218** indicating their corresponding functions for easy identification and to avoid confusion. The markings can be, for example, elevated lettering using the words ANATOMIC for marking **220** and REVERSE for marking **218**. Additionally, marking **219** can be provided with other patient-specific information, such as, for example, patient identification, procedure, etc. The anatomic and reverse drill guides **216**, **214** can be connected with a web or flange **230** for additional stability and can be either removably coupled (via a snap-on or a threaded connection, for example) to the glenoid guide **200** or fixedly attached to the glenoid guide **200**.

With continued reference to FIGS. **5-8**, the patient-specific glenoid guide **200** can include a patient-specific outer surface portion **212** that can reference a corresponding surface portion **86** of the coracoid process **88** or the coracoid attachment. The patient-specific glenoid guide **200** can also include a slot **208** through the peripheral lip **206** for viewing and optionally marking by the surgeon. The surgeon can, for example, fit the patient-specific glenoid guide **200** over a patient-specific bone model of the patient and mark the bone model through the slot **208**. The patient-specific bone model is also constructed during the same preoperative plan from the 3-D images of the joint from which the patient-specific glenoid guide **200** is designed and constructed. The surgeon can view the marked bone model and be guided for approximate positioning of the glenoid guide on the patient's bone. The glenoid guide **200**, of course, will only fit on the bone uniquely (only in one position, unique fit). The marking will expedite the placement of the patient-specific glenoid guide **200** without unnecessary trials to find the single fit location. The patient-specific glenoid guide **200** can also include a block (or other holder) **210** extending above the upper surface **202** and configured to allow the surgeon to hold and stabilize the patient-specific glenoid guide **200**. The block **210** can be sized and shaped to accommodate a thumb or one or more fingers of the surgeon.

Additionally, the patient-specific glenoid guide **200** can include a peripheral alignment notch **223** that can be used to mark the glenoid surface. The marking made through the notch **223** can be used with a projection **321** of a secondary drill guide **320** for rotational alignment of the secondary drill guide **320**, as discussed below in reference to FIGS. **10** and **11**.

Referring to FIGS. **3**A, **3**B, **4** and **7**, the glenoid guide **200** can be used for anatomic arthroplasty to drill a hole **90** into the glenoid face **80** through the anatomic drill guide **216** and insert a guiding pin or other K-wire **150**. The guiding pin **150** can be used to guide the predetermined alignment of the bearing **186** in the glenoid face **80** for implantation in anatomic arthroplasty.

Referring to FIGS. **2**, **3**A, **3**B and **7**, in reverse arthroplasty, the glenoid guide **200** can be used to drill a hole **90** into the glenoid face **80** through the reverse drill guide **214** to insert a guiding pin or other K-wire **150**. The guiding pin **150** can be used to guide the predetermined alignment of the baseplate **124** shown in FIG. **2** (or baseplate **300** shown in FIG. **9** and discussed below) in the glenoid face **80** for implantation in reverse arthroplasty.

Additionally, and with reference to FIGS. **9-11**, a secondary drill guide **320** can be used to drill screw holes for baseplate fixation. The secondary drill guide **320** can be attached to a baseplate **300** of a reverse shoulder arthroplasty implant and provide drill hole trajectories that position the fixation screws along paths that are preoperatively determined to have the best bone stock, such as healthy cortical bone, in terms of strength, accessibility and other factors. The secondary drill guide **320** can be assembled onto the baseplate **300** after the baseplate **300** has been impacted into the glenoid. Alternatively, the secondary drill guide **320** may be attached to the baseplate **300** during impaction. The secondary drill guide **320** can include a projection **321** which is aligned with the marking made through the peripheral alignment notch **223** of the patient-specific acetabular guide **200** to orient the secondary drill guide **320** according to the preoperative plan for the procedure.

The baseplate **300** can include an upper face **306**, a central hole **304** passing through a central fixation peg **308** of the baseplate **300** and a plurality of peripheral fixation holes **302** (four holes are shown in FIG. **9**). The secondary drill guide **320** has an upper face **322** and an opposite face mating with the upper face **306** of the baseplate **300**. A central post (or boss) **326** with a through bore **325** and a plurality of peripheral posts **324** with corresponding through bores **323** extend from the upper face **322** of the secondary drill guide **320** and communicate with the corresponding central hole **304** and peripheral fixation holes **302** of the baseplate **300**.

The secondary drill guide **320** can control drill orientation via holes that are pre-drilled through the bores **323** of secondary drill guide **320**. The secondary drill guide **320** can control drill depth using controlled post heights for the posts **324**, **326**. The heights of the posts **324**, **326** (their length above the upper surface **322**) and the drill orientations can be determined and configured into the secondary drill guide **320** during the pre-operative plan of the patient based on the 3-D reconstructed images of the patient's shoulder joint. A mating drill **340** with drill bit **342** can have a physical stop element **350**, as shown in FIG. **11**. The stop element **350** on the drill **340** and the patient-specific controlled post heights on the secondary drill guide **320** can provide depth control. The secondary drill guide **320** can be designed to ensure that the fixation screws for the baseplate **300** achieve sufficient bi-cortical support.

The glenoid guide **200** of the present teachings can also provide a physical stop for glenoid reaming. For example, depth of reaming can be determined preoperatively and a guide wire or guiding pin **150** can be inserted to the predetermined depth, see FIG. **3**A. The reamer **130** can be made to reference the guiding pin **150** such that the cutting depth of the reamer **130** is limited to the predetermined depth for both anatomic and reverse glenoid reaming.

Generally, the patient-specific glenoid guide **200** of the present teachings references landmarks on the glenoid to orient the glenoid guide **200** in a predetermined orientation according to a preoperative plan for the specific patient. Landmarks can include, for example, the glenoid face **80** with or without any portion of the labrum **82**, the coracoid process **88** (or portions thereof or coracoid attachment), the glenoid rim **84** and/or other landmarks of the scapula. The patient-specific glenoid guide **200** can be used to correctly orient a guide wire or guiding pin **150** that will be used in later glenoid preparation procedures. The patient-specific glenoid guide **200** can include drill guides **214**, **216** or similar elements that enable the glenoid guide **200** to be used for both anatomic and reverse shoulder replacements. The glenoid guide **200** can also be designed so that it can orient a secondary glenoid drill guide.

Summarizing, the patient-specific glenoid guide **200** can be used to position a guide wire at a predetermined orientation and location (insertion point) for use in an anatomic shoulder replacement (axis A shown in FIG. **7**) or reverse shoulder replacement (axis B shown in FIG. **7**). The patient-specific glenoid guide **200** can reference landmarks on either the glenoid or the scapula to provide a secure foundation for the patient-specific glenoid guide **200**. The predetermined orientation can be designed and configured into the patient-specific glenoid guide **200** for implant positioning, implant version control, and implant inclination control.

Various additional methods can be incorporated in the preoperative plan for accurate placement of the glenoid guide **200** and for positioning a central guiding pin **150** through the glenoid for additional purposes, such as version, inclination, pin insertion point or other alignment control and guidance of the glenoid implants. As discussed above, these methods include identification of landmarks and software (or algorithms) used to position the guide pin as part of a preoperative plan for the specific patient. The software and landmarks can be used to create the patient-specific guide **200** or other similar guides for use during shoulder surgery. The algorithms and surgeon inputs (defining slight adjustments to the algorithm for inferior/superior tilt, version control, and pin position) can be incorporated in specific preoperative software that a surgeon can use interactively to create a virtual glenoid guide. The physical patient-specific glenoid guide **200** can be manufactured preoperatively from the virtual glenoid guide with surgeon input and can be used intraoperatively to accurately position the guiding pin **150** in the correct location/orientation through the glenoid. After the guiding pin **150** is placed, other glenoid preparation instrumentation can used with reference to this guide pin. The preoperative plan can also provide the surgeon with details of the amount and shape of a bone graft or bone removal that can used to correct for natural version. Additionally, the preoperative plan can be used to properly orient and determine the length of the fixation screws used in a reverse shoulder arthroplasty to ensure that the screws are anchored into the best available bone stock for the patient.

As described above, the patient-specific glenoid guide **200** can fit around or on the exposed glenoid rim and surface substantially as a negative of the corresponding anatomy of the patient and includes guiding formations or drill guides for guiding the selected/predetermined orientation of the guiding pin for anatomic or reverse arthroplasty. Additionally, the glenoid guide **200** can match defects and imperfections in the specific patient's glenoid.

The patient-specific glenoid guide **200** can be used for both reverse and anatomic arthroplasty and can be used included in any anatomic or reverse arthroplasty kit with corresponding implants and other instruments. Additionally the patient-specific glenoid guide **200** can be included in an omnibus surgeon kit together with the reverse shoulder implant **100**, the secondary drill guide **320**, the baseplate **300**, and the anatomic shoulder implant **180** to allow the surgeon to switch between reverse and anatomic arthroplasty during the procedure.

For reverse shoulder procedures the patient-specific glenoid guide **200** can incorporate via the corresponding reverse tubular drill guide **214** a built-in inferior tilt of the center guiding pin **150** for the orientation of the glenoid implant. An inferiorly tilted glenoid implant provides a proper range of motion and reduction of stresses around the implant. Additionally, the preoperative plan (i.e. the software, or application or data set or drawings and models used to prepare the preoperative plan) can analyze the best bone stock and aim the peripheral and central screws toward the best bone stock. The preoperative plan can be also used to accurately determine proper screw length.

In some embodiments, the patient-specific glenoid guide can include an elevated block configured for stabilizing the glenoid guide using one or more fingers, such as the thumb and or other fingers of the surgeon.

In some embodiments, interactive software can be used during the preoperative plan for the patient can provide the surgeon with the amount of bone graft needed to restore natural version for a specific patient. The interactive software can, for example, specify the number of millimeters of bone graft to be added in the worn portion of the glenoid. The surgeon may also plan to ream a portion of the glenoid to restore version and have the amount of bone to be removed provided by the interactive software.

The foregoing description of the embodiments has been provided for purposes of illustration and description. It is not intended to be exhaustive or to limit the disclosure. Individual elements or features of a particular embodiment are generally not limited to that particular embodiment, but, where applicable, are interchangeable and can be used in a selected embodiment, even if not specifically shown or described. The same may also be varied in many ways. Such variations are not to be regarded as a departure from the disclosure, and all such modifications are intended to be included within the scope of the disclosure.

Example embodiments are provided so that this disclosure will be thorough, and will fully convey the scope to those who are skilled in the art. Numerous specific details are set forth such as examples of specific components, devices, and methods, to provide a thorough understanding of embodiments of the present disclosure. It will be apparent to those skilled in the art that specific details need not be employed, that example embodiments may be embodied in many different forms and that neither should be construed to limit the scope of the disclosure. In some example embodiments, well-known processes, well-known device structures, and well-known technologies are not described in detail.

What is claimed is:

1. A patient-specific glenoid guide for guiding an object toward a glenoid face of a scapula of a patient for implantation of a prosthetic device, the glenoid guide comprising:

a patient-specific portion having at least one patient-specific surface that is configured to nest and closely conform to a corresponding surface of the glenoid face to position the at least one patient-specific surface at a predetermined position relative to the glenoid face;

a drill guide extending through the patient-specific portion along a first alignment axis configured preoperatively with a patient-specific orientation and insertion location, wherein the insertion location is at the glenoid face;

a feature offset from the drill guide and coupled to the patient-specific portion and configured to be graspable by one or more fingers of a surgeon for stabilizing the glenoid guide, wherein the feature comprises a block that is elevated from a side of the patient-specific portion opposing the at least one patient-specific surface; and

a patient-specific peripheral surface forming a peripheral lip configured as a negative of a glenoid rim of the patient, wherein the block extends above and outward from the peripheral surface so as to extend past the glenoid rim.

2. The glenoid guide of claim **1**, wherein the block is configured to be held or otherwise contacted by a thumb of the surgeon.

3. The glenoid guide of claim **1**, wherein the drill guide comprises a first tube and a second tube projecting from the patient-specific portion opposite the at least one patient-specific surface, the first tube and the second tube disposed at an angle from one another.

4. The glenoid guide of claim **1**, wherein the at least one patient-specific surface is configured to engage and nest with an anterior rim of the glenoid face.

5. The glenoid guide of claim **1**, wherein the at least one patient-specific surface is configured to nest with one or more of a superior, inferior and posterior portion of a rim of the glenoid face.

6. The glenoid guide of claim **1**, wherein the feature extends above and outward of a portion of the patient-specific peripheral surface forming the lip.

7. The glenoid guide of claim **1**, further comprising a patient-specific peripheral surface portion configured as a negative of a coracoid surface of the patient.

8. The glenoid guide of claim **1**, wherein the glenoid guide further includes an alignment notch for marking the glenoid face.

9. A glenoid guide for guiding an object toward a glenoid face of a scapula of a patient for implantation of a prosthetic device, the glenoid guide comprising:

a glenoid portion having a surface that is configured to interface with a surface of the glenoid face to position the glenoid portion relative to the glenoid face;

a drill guide extending through the glenoid portion and having one or more apertures to provide access at the glenoid face; and

a feature offset from the drill guide and coupled to the glenoid portion wherein the feature is graspable by one or more fingers of a surgeon for stabilizing the glenoid guide, wherein the feature comprises a block that is elevated from a side of the glenoid portion opposing the surface, and wherein the block is configured to extend above and outward of a portion of a periphery of the glenoid portion.

10. The glenoid guide of claim **9**, wherein the glenoid portion comprises a patient-specific portion having at least one patient-specific surface that is configured to nest and closely conform to a corresponding surface of the glenoid face to position the at least one patient-specific surface at a predetermined position relative to the glenoid face.

11. The glenoid guide of claim **9**, wherein the block is configured to be held or otherwise contacted by a thumb of the surgeon.

12. A patient-specific glenoid guide for guiding an object toward a glenoid face of a scapula of a patient for implantation of a prosthetic device, the glenoid guide comprising:

a patient-specific portion having at least one patient-specific surface that is configured to nest and closely conform to a corresponding surface of the glenoid face to position the at least one patient-specific surface at a predetermined position relative to the glenoid face;

a drill guide extending through the patient-specific portion along a first alignment axis configured preoperatively with a patient-specific orientation and insertion location;

a feature coupled to the patient-specific portion and configured to be graspable by one or more fingers of a surgeon for stabilizing the glenoid guide; and

a patient-specific peripheral surface forming a lip configured as a negative of a glenoid rim of the patient, wherein the lip includes a through slot configured for viewing and marking the glenoid face.

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